



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 15, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hour Lounge, 101 North 14<sup>th</sup> Street requesting a class C liquor license.

This location was previously known as Woody's Pub which held a class C liquor license

Heath Macomber, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Heath Macomber was born in Seoul, Korea. He attended the University of Nebraska graduating in 1998.

Heath Macomber employment history is as follows:

2007 - 2010	Manager, Bodegas Alley	Lincoln, NE.
2006 - 2007	Freight Broker, HLI	Elkhorn, NE.
2006 - 2006	Freight Broker, Herman Travel	Las Vegas, NV.
2004 - 2005	Asst. Manager, Abercrombie & Fitch	Lincoln, NE.

The required training is yet to be completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





## LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*END OF LISTING\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: HEATH A MACOMBER , Male, DOB:  
Date of listing: 12-13-2010

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

<b>Cited on</b> 12-27-2007	for (M)DRIVING UNDER INFLUENCE/.08, 1ST OFFENSE>	Case .
<b>Disposed</b> 02-27-2008	as (M)DRIVING UNDER INFLUENCE, FIRST OFFENSE	Cit#
<b>FOUND GUILTY Fined \$400.00</b>		
06 MOS PROB		

\*\*\* END OF LISTING \*\*\*

**PREMISE INFORMATION**

Trade Name (doing business as) Hour Lounge

Street Address #1 101 N 14th Street #6

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-483-8383 (will change) 402-730-5157 (Mobile)

Is this location inside the city/village corporate limits:  YES  NO

Mail address (where you want receipt of mail from the Commission)

Name Will-Mack, LLC. Attn: Heath Macomber

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CONTROL COMMISSION

Street Address #1 101 N 14th Street #6 7200 SILVERTHORN DRIVE

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68508 68521

**DESCRIPTION AND DIAGRAM FOR THE PREMISES TO BE LICENSED**

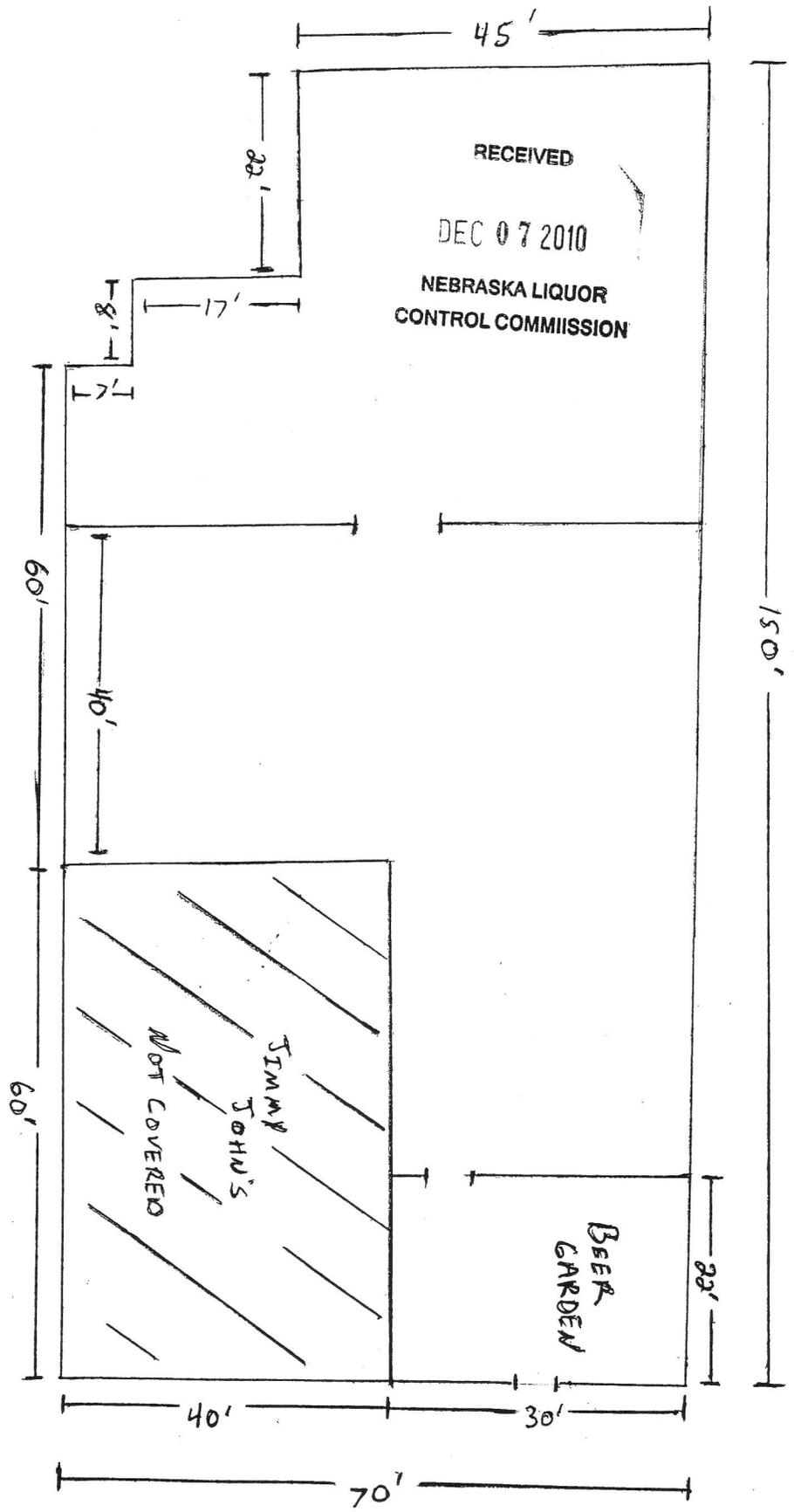
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 156' feet  
Width 90' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*128' x 70' 1 story bldg under PKA garage  
outdoor beer garden appr. 22' x 30'*



Hour  
LOUNGE

\* 1 STORY BUILDING  
\* NOT COUNTING  
PARKING GARAGE



**APPLICATION INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES  NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Heath Macomber	02/2008	Lincoln, NE	Driving Under the Influence 1st Offense	Guilty, \$400 Fine, 6 Months Probation
Ronald Macomber	10/1970	East Brunswick, NJ	Took 50-60 bricks from Construction Site	Misdemeanor, Paid Fine

2. Are you buying the business of a current retail liquor license?

YES  NO

If yes, give name of business and liquor license number CK45853

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

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**NEBRASKA LIQUOR CONTROL COMMISSION**

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

YES  NO

If yes, give name and license number Woody's Pub, CK45853

4. Are you filing a temporary operating permit to operate during the application process?

YES  NO

If yes:

- a) Attach temporary operating permit (form 125)
- b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES  NO

If yes, list the lender Totry, Inc. Father and partner, Ronald Macomber's business

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Heath Macomber	07/2000	Bartending College, Denver CO
All Applicants	12/2010	All partners will be taking Alcohol Server Managers Training 12/14/2010

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- Lease: expiration date November 20, 2020
- Deed
- Purchase Agreement

15. When do you intend to open for business? December 9, 2010

16. What will be the main nature of business? Bar and Restaurant

17. What are the anticipated hours of operation? 11am-2:30pm 5pm-2am M-F, 5pm-2am Sat, 8pm-2am Sun.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCE FOR THE PAST TEN YEARS, APPLICANT AND SPOUSE, MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Heath Macomber: Lincoln, NE	1994	2005			
Heath Macomber: Las Vegas, NV	2005	2006			
Heath Macomber: Lincoln, NE	2006	Present			
See Attached Section D					

If necessary attach a separate sheet.

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES  NO

If yes, explain. (All involved persons must be disclosed on application)

Heath Macomber, Richard Willmott, Ronald Macomber

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such item(s) and the owner. V.V.S. Canteen, See Attached Section A

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES  NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Cornhusker Bank; Heath Macomber, Ronald Macomber, Richard Willmott

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

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The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

[Signature]  
Signature of Applicant

[Signature]  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

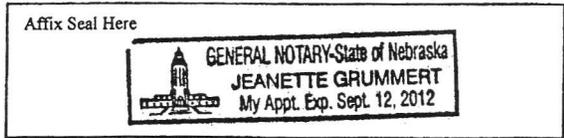
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 30 Nov. 2010 by  
Heath A Macomber, Richard Willmott  
Jennifer Willmott  
Jeanette Grummert  
Notary Public signature



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Signature of Spouse

NEBRASKA LIQUOR CONTROL COMMISSION  
[Signature]  
Signature of Spouse

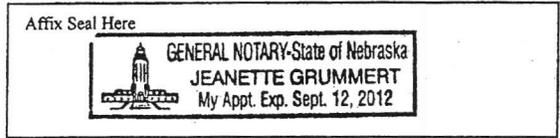
\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

County of Lancaster

The foregoing instrument was acknowledged before me this 30, Nov. 2010 by  
Jennifer Willmott  
Jeanette Grummert  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

## Section D

Applicant	City	State	Year From	To	Spouse	City	State	Year From	To
Ronald Macomber	South Sioux City	NE	1983	Present	Mary Macomber	South Sioux City	NE	1983	Present
Richard Willmott	Pasadena	NFLD Canada	2000	2006	Jenny Willmott	Lincoln	NE	1982	Present
	Lincoln	NE	2006	Present					

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

[Signature]  
Signature of Applicant

Mary Macomber  
Signature of Spouse

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DEC 02 2010

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse  
NEBRASKA LIQUOR  
CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

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NEBRASKA LIQUOR  
CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska  
County of Dakota

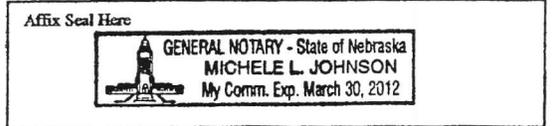
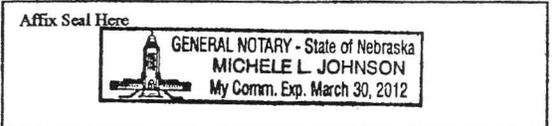
County of Dakota

The foregoing instrument was acknowledged before me this 29, November by

The foregoing instrument was acknowledged before me this 29th November by

[Signature]  
Notary Public signature

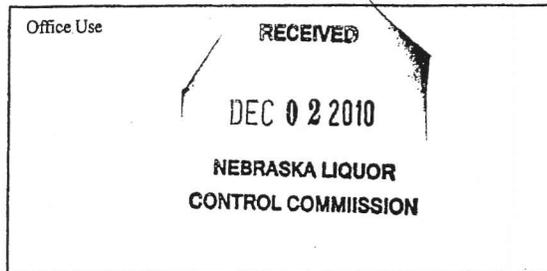
[Signature]  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.  
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of State's office)

Name of Registered Agent: Kelly R. Hoffschneider, Mattson Ricketts Law Firm

Name of Limited Liability Company that will hold license as listed on the Articles of Organization:

Will-Mack, LLC

LLC Address: 7200 Silverthorn Drive

City: Lincoln State: NE Zip Code: 68521

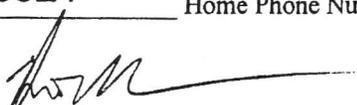
LLC Phone Number: 402-730-5157 LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member  
Name and information of contact member must be listed on following page:

Last Name: Macomber First Name: Heath MI: A

Home Address: 7200 Silverthorn Drive City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-730-5157

  
Signature of Managing/Contact Member

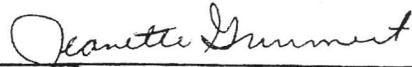
State of Nebraska

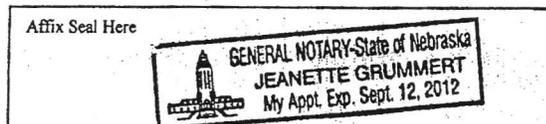
County of Lancaster

The foregoing instrument was acknowledged before me this

November 30, 2010  
date

by Heath A. Macomber  
name of person acknowledged

  
Notary Public signature



Form 3b

(List names of all members and their spouses (even if a spousal affidavit has been submitted))

Last Name: Macomber First Name: Ronald MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Mary Joy Macomber

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 17.5%

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Last Name: Willmott First Name: Richard MI: R

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Jennifer Willmott

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33.5%

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Macomber First Name: Heath MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 49%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

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If yes; name of corporation/company \_\_\_\_\_

Submit organizational chart

Submit articles of incorporation or authorization to do business in the state of Nebraska from  
Secretary of State's office

NEBRASKA LIQUOR  
CONTROL COMMISSION

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January 2010 Ending Date: December 2010

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**DEC 02 2010**  
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (553-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Mary Macomber  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Mary Macomber  
Printed name of spouse asking for waiver

State of Nebraska

County of Dakota

Nov. 29<sup>th</sup> 2010  
date

The foregoing instrument was acknowledged before me this  
by Mary Macomber  
name of person acknowledged

Uma Miranda  
Notary Public signature

Affix Seal

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (553-125(13)) the Commission may cancel or revoke the liquor license.

Ronald M. Macomber  
Signature of individual involved with application  
(Spouse of individual listed above)

Ronald M. Macomber  
Printed name of applying individual

State of Nebraska

County of Dakota

Nov 29<sup>th</sup> 2010  
date

The foregoing instrument was acknowledged before me this  
by Ronald Macomber  
name of person acknowledged

Uma Miranda  
Notary Public signature

Affix Seal

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

ARTICLES OF ORGANIZATION

OF

WILL-MACK, LLC



1. **Name.** The name of the company is WILL-MACK, LLC.
2. **Duration.** The existence of the company is perpetual.
3. **Purpose; Powers.** The company is organized to engage in and to do any lawful act concerning any and all lawful business, other than banking or insurance, for which a limited liability company may be organized under the laws of Nebraska.
4. **Principal Place of Business - Registered Agent.** The address of the principal place of business of the company in Nebraska is:

7200 Silverthorn Drive  
Lincoln, NE 68521

The name and address of the company's registered agent in Nebraska is:

Kelly R. Hoffschneider  
134 South 13<sup>th</sup> Street, Suite 1200  
Lincoln, NE 68508

5. **Property Contributed.** The total amount of cash and property other than cash contributed by the members as stated capital is \$1,000.00.
6. **Additional Contribution.** The members may be obligated to contribute additional capital to the company as provided for in the Operating Agreement.
7. **Additional Members.** The members of the company have the right to admit additional members from time to time, upon unanimous approval of all members. Except as provided in the Operating Agreement, the interests of the members in the company may not be transferred, pledged, or assigned.
8. **Management.** Management of the company shall be vested in a Management Board consisting of one or more Managers. These Managers shall be chosen, hold office, and act as provided for in the Operating Agreement. The name and address of the initial Manager is:

Heath Macomber  
7200 Silverthorn Drive  
Lincoln, NE 68521

9. **Original Members.** The original Members and their addresses are: RECEIVED

Heath Macomber  
7200 Silverthorn Drive  
Lincoln, NE 68521

Ronald Macomber  
308 Broadmoor Drive  
South Sioux City, NE 68776

Richard Willmott  
3878 Smith Street  
Lincoln, NE 68506

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CONTROL COMMISSION

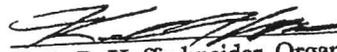
10. **Internal Affairs.** The regulation of the internal affairs of the company are set forth in the Operating Agreement of the company, and shall govern the operation of the business and the members accordingly.

11. **Amendment.** These Articles of Organization may be amended by a majority vote of the capital interests of the company.

Executed in duplicate original counterparts by the undersigned this 12<sup>th</sup> day of November, 2010.

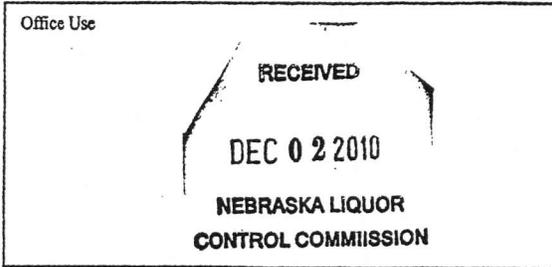
WILL-MACK, LLC

By:

  
Kelly R. Hoffschneider, Organizer

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
101 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation/LLC information

Name of Corporation/LLC: Will-Mack, LLC

Premise information

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

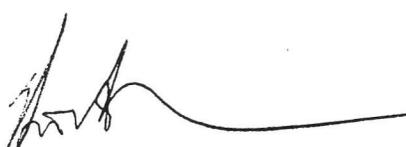
Premise Trade Name/DBA: Hour Lounge

Premise Street Address: 101 N 14th Street #6

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-483-8383 (will change) 402-730-5157 (Mobile)

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Form 3c

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: Macomber First Name: Heath MI: A

Home Address (include PO Box if applicable): 7200 Silverthorn Drive

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-730-5157 Business Phone Number: 402-730-5157

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Seoul, South Korea

Are you married? If yes, complete spouse's information. If not, has a spouse affidavit been submitted?

YES  NO

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
Lincoln, NE	1994 2005		
Las Vegas, NV	2005 2006		
Lincoln, NE	2006 Present		

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007 Present	Bodegas Alley	Shawn Darnall	402-202-1913 (c)
2006 2007	HCI Logistics	Scott Grate	800-298-0710

Manager and spouse must read and answer the questions below  
**PLEASE PRINT CLEARLY**

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

YES       NO      If yes, please explain below or attach a separate page.

Heath Macomber was pulled over on 12/27/2007 and Plead Guilty in 02/2008 of 1st offense Driving Under the Influence. Fined \$400 and received 6 months probation.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES       NO

5. List the training and/or experience (when and where)

Date:	Where:
2000	Bartending College, Denver CO
2001-2002 2004-2005, 2006-Present	2001-2002 Iguanas Pub, 2004-2005;2006-Present Bodegas Alley
12/14/2010	All Will-Mack Partners will be taking Alcohol Serving Training In Omaha Dec.14 2010

PERSONAL OATH AND CONSENT FOR INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

RECEIVED

DEC 02 2010

NEBRASKA LIQUOR CONTROL COMMISSION

*[Handwritten Signature]*

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this Nov 30 2010 by

Heath H. Macomber

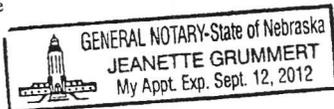
The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

*[Handwritten Signature]*

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

THE UNITED STATES OF AMERICA



No.

DEPARTMENT OF JUSTICE

NATURALIZATION

Petition No. \_\_\_\_\_

**ORIGINAL**

Alien Registration No. \_\_\_\_\_

Personal description of holder as of date of naturalization: Date of birth \_\_\_\_\_; sex M  
complexion Medium; color of eyes Black; color of hair Black; height 4 feet 8 inches;  
weight 80 pounds; visible distinctive marks None  
Marital status Single Country of former nationality Korea

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Heath Aaron Macomber, Child  
Ronald Martin Macomber, Father  
(Complete and true signature of holder)



Seal

UNITED STATES OF AMERICA } ss:  
DISTRICT OF NEBRASKA }

Be it known, that, at a term of the U.S. District Court of Nebraska

held pursuant to law at Omaha, Nebraska on October 16, 1986 the Court having found that HEATH AARON MACOMBER

then residing at 308 Broadmoor Drive, South Sioux City, Nebraska intends to reside permanently in the United States (when so required by the Naturalization Laws of the United States), had in all other respects complied with the applicable provisions of such naturalization laws, and was entitled to be admitted to citizenship, thereupon ordered that such person be, and (s)he was admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed, this 16th day of October in the year of our Lord, nineteen hundred and eighty-six

WILLIAM L. OLSON

Clerk of the U.S. District Court.

By Johnne McClain Deputy Clerk.

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE.

DEPARTMENT OF JUSTICE

RECEIVED

DEC 07 2010

NEBRASKA LIQUOR CONTROL COMMISSION